

EXHIBIT D

PRESCRIPTION ORDER FORM

NYRX PHARMACY INC.
179-07 Union Turnpike, Fresh Meadows, NY, 11366
Tel: 718-673-7272 FAX: 718-673-7327

ALL COMPOUND TOPICAL CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS GOVERNING COMPOUNDS. COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED BY ANYONE OTHER THAN THE NAMED ADDRESSEE PLEASE DESTROY. COPYRIGHT 2016

		O.B.: _____ D.O.A.: _____ STATE: _____ ZIP: _____			
PHONE: (_____) ALLERGIES: _____ ICD-9/BODYPARTS: _____					
<table border="1"> <tr> <td>IBUPROFEN TABS 600 MG SIG: _____ DISP: __30__60__90 REFILLS: _____</td> <td>NAPROXEN 550MG SIG: _____ DISP: __30__60__90 REFILLS: _____</td> <td>LIDOCAINE 5% OINTMENT SIG: APPLY UP TO AFFECTED AREAS TWICE A DAY DISP: __100__150__200__250gr REFILLS: _____</td> </tr> </table>			IBUPROFEN TABS 600 MG SIG: _____ DISP: __30__60__90 REFILLS: _____	NAPROXEN 550MG SIG: _____ DISP: __30__60__90 REFILLS: _____	LIDOCAINE 5% OINTMENT SIG: APPLY UP TO AFFECTED AREAS TWICE A DAY DISP: __100__150__200__250gr REFILLS: _____
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